

CHSB

VPN User Application

Last Name: _____ First Name: _____

e-mail: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Vendor ☐ State Police ☐ CHSB Staff ☐ Gun Dealer ☐ Police Department ☐

Organization: _____

Other Servers and/or Services not listed above:

System Configuration:

WinNT ☐/ Win2K ☐/ WinXP ☐/ Win98/ME ☐ System RAM: _____

User Information:

IMPORTANT – Please follow the password guidelines below!

The password must be at least 8 characters long and contain both letters and numbers. The password must also contain **BOTH** lower case and capital letters. The password **IS case-sensitive**.

Password: _____

The following is to verify your identity. Examples would be a mother's maiden name, place of birth, etc.

Question: _____ Answer: _____

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For CHSB use only:

IP Address: . . . Subnet Mask: . . .

Dial-up Info: Username: Password:

Cert Reference Number: Auth Code:

AUP Acceptance: Yes ☐ / No ☐

Approval: _____ Date: _____